

39

*

22

3 3

(%95)

(%100)

(%100) .

20

(%100)

(90.9%)

.

65

*

Analytical retrospective review of spermatic cord torsion at Alassad University - Hospital (university OF Tishreen) during 39 months

Mohammad Youssef *

Abstract

Torsion of the spermatic cord (torsion of the testis) is an important surgical urologic emergency most commonly seen in adolescent males. It causes strangulation of the blood supply to the testis. Unless treatment is done in accurate time testicular ischemia, functional disorders, atrophy even death of the testis may occur. So it is an important and risky lesion necessitates suitable management. 22 cases of testicular torsion were studied at ALASSAD University Hospital (University of Tishreen) during 3 years and 3 months .Diagnostic was confirmed by symptoms and clinical examination: Acute and sudden testicular pain happened in all cases (100%), testicular swelling was found in (95%), retracted testis with horizontal orientation in (100%), anterior epididymal position in (100%). Colored Doppler sonography was done in (90.9%). Surgical detorsion with contra- lateral orchiopexy was achieved in all cases without orchiectomy.

In conclusion, testicular torsion is supposed to be suspected in all cases of testicular, acute, sudden pain, in adolescent male and this can be verified by complementary exameninatios as: color Doppler sonography and

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scintillation scan without washing time, and all cases should to be followed up in the future.

:Objectives -2

:Introduction -1

()

[1,2] Surgical emergency

4000/1

25

adolescent males

12-18

[3,4,5]

Strangulation

3-4

Testicular

atrophy

Cryptorchid testis

neo-natal period

:Method -3

)

3.3 (

[6,7]

.(%95) 21

.(%100)

.(%100)

22

(%86,3) 19

. 3 22

:Results -4

3.3

20

22/3/2003 1/5/1999

(%90,9)

) 18

.(28 10

14

(%100)

8

()

.(%67,1) 15

:

(100% :22/22)

(%45,4)22 9

(%100)

21

19 (%95)

.(%100) (%86,3) 22

:

(%100) 22 20

.(%90,9)

...

22

20

(%90,9)

)

.(

(%1,3) 3

.720°, 360°, 270°

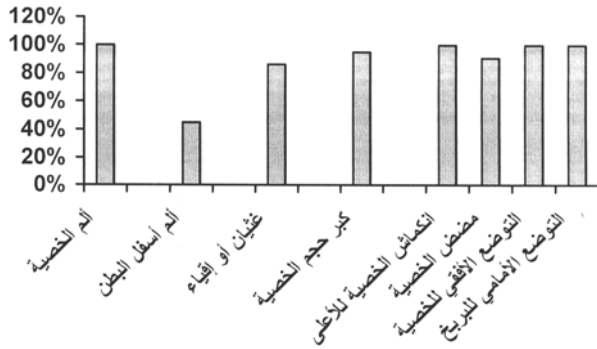
)

(2,5

22	22	20	22	21	19	9	22

(1)

22



(1)

vaginal

:Discussion -5

()

[12]

[8,9,10] Tunicavaginalis

Intra- Vaginal

[13]

Cremasten muscle

()

()

counterclockwise

irritability ()

[11,12] clockwise

gubernaculum

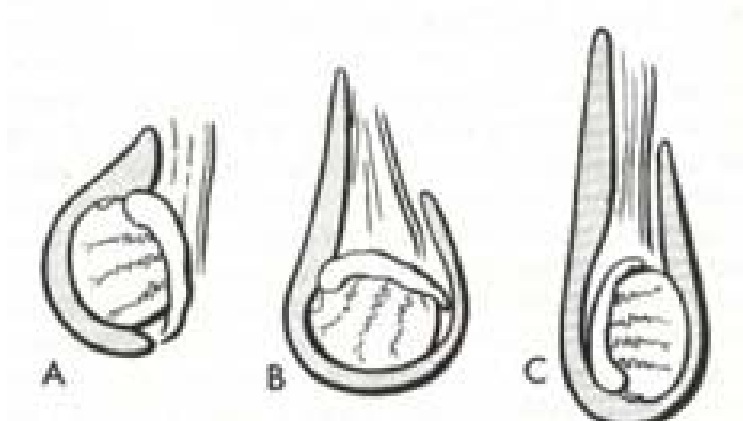
extra-

[14]

narrow mesenteric

attachement

(1)



(1)

-(A)

-(B)

-(C)

...

Broad

:

-1

color doppler sonography

5-6

Hyper-

Vascularity

-2

Scintillation

)

99

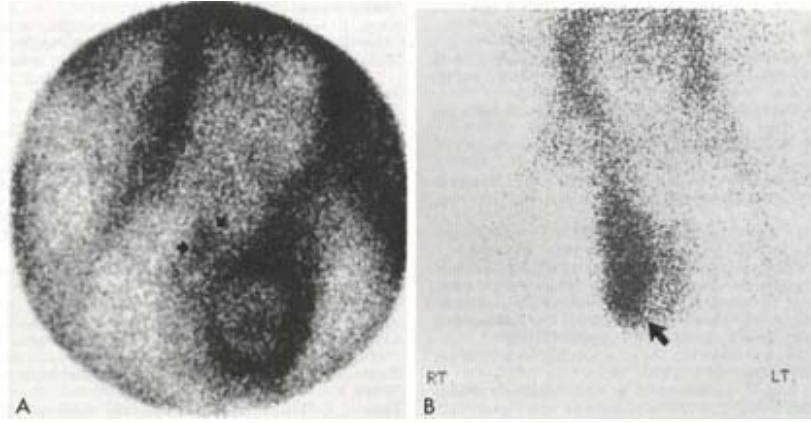
scan

Tc-pertechnetate

90-

[²¹] 100%

.(2)



(2)

-(A

...

-(B

. ()

10-20ml

1% [20]()

()

[15,16]

4-6

720°

[21]

360°

[16] 48-24

·
:_____

12

[16]

24

48

conclusion -6

:prevention

:

-1

-3

4-6

-2

-4

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.2003/7/7:

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